

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-031117

FILING DATE

APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		3				
7	1					
8		1				
9		0				
10		0				
11	1					
12		2				
13		2				
14	1					
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		2				
23		1				
24		0				
25	1					
26		1				
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31		0				
32		0				
33		0				
34	1					
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38		3				
39		2				
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43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	40					
TOTAL CLAIMS	46					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS